MEDICAL AND SURGICAL REPORTER

No. 1681. PHILADELPHIA, MAY 18, 1889. Vol. LX.—No. 20.

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COMMUNICATIONS.

OBSTRUCTION OF THE NASAL PASSAGES: ITS EFFECTS AND ITS TREATMENT.

BY C. A. BUCKLIN, M.D.,

NEW YORK.

Extensive obstruction to nasal respiration causes an individual to become an habitual mouth breather. When the obstruction is less complete, it causes a partial vacuum to be formed beyond the point of obstruction with each respiratory act through the nose. Mucous membranes become chronically congested when subjected to constantly varying atmospheric pressures which fall below the normal atmospheric pressure with each inspiration. It is self evident that mouth breathing or constant changes in the atmospheric pressure gives a rational cause for the production of catarrhal diseases.

During the stage of congestion we have acute catarrh. The stage of hypertrophy which follows chronic congestion is called hypertrophic catarrh. The atrophy which finally results from the increase of connective tissue in the mucous membrane occasions dry or atrophic catarrh.

Structural changes in the mucous membrane produce a change in the character of the mucus secreted. It is much thicker and produces the sensation of a foreign body on the mucous membrane. The constant attempt to dislodge this thick mucus, causes one to believe that there is a great increase in the amount of mucus secreted, when the quantity is in reality diminished. In health there is more mucus secreted, but its quality being normal, its presence is not appreciated and there is no desire to expectorate.

I am convinced as a result of clinical observation, that with the exception of persons one or two generations removed from tubercular ancestors and those affected with some infectious disease, nasal catarrh is developed as a result of obstruction in the nose and usually of obstruction due to some mechanical deformity in the bony walls of the nostrils.

Nasal obstruction also causes, indirectly, most of the incurable ear and annoying throat diseases of this latitude. It is also a cause of chronic bronchitis and catarrhal diseases of the eyelids.

Further, chronic congestion of the mucous membrane of the entire nasal cavities and of the connecting sinuses has a most decided influence in producing functional disturbances of the brain. Individuals so affected appear drowsy and stupid and complain of feeling so.

It may be said that these ideas are illogical, unfounded, and they may be received with incredulity by the profession.

For this reason all reference to obscure reflex nervous symptoms said to occur with nasal obstructions, will be avoided in this paper and only those easily demonstrated consequences, which arise from imperfect nasal respiration, will be considered. These my readers may be induced to accept, because frequent opportunity will offer in practice to verify the conclusions advanced. These conclusions have been forced upon me as a result of twelve years of careful thought and experimental investigation, combined with an extensive experience and extended observation of the methods employed and results obtained by Austrian, German, American and English specialists, in their daily hospital work.

I do not take the liberty of advancing a single idea which has not—as I believe—been fully confirmed by clinical observation, and which will not stand thorough investigation by others. The most convincing testimony in favor of the conclusions which the profession are asked to accept, is the history of intelligent persons, who have been operated upon. When the nasal obstruction has been properly relieved, these patients state, unsolicited, that they have been greatly relieved of annoying symptoms.

Nature of Nasal Obstructions.—These differ widely in their nature, their extent, and the amount of trouble they produce. The same amount of nasal obstruction does not produce anything like the same degree of annoyance with one individual, that it produces in another; while in a third person, possibly no annoyance would be experienced from a like defect.

Three per cent. of the children in the schools of New York have adenoid growths from the vault of the pharynx. These are a common cause of nasal obstruction, when they attain sufficient size. The other form of nasal obstruction most commonly found in children is hypertrophy of the mucous membrane covering the turbinated bones. Occasionally, a congenital mal-position of a turbinated bone is the underlying cause of the trouble. Deviations of the septum are very rarely seen until after the tenth year of age.

Children having the adenoid form of obstruction are invariably strumous. When the examination is made among half orphans, the percentage will run higher, than it will among public school children. If made among full orphans, the percentage will be found higher than in either of the other cases; which simply points more strongly to the strumous origin of the adenoid growth. This form of trouble is also very frequently complicated with enlarged tonsils.

Excessive hypertrophy very frequently develops in strumous children on the turbinated bones, as a result of frequent colds, nasal diphtheria, scarlatina, measles and other acute infectious diseases. This hypertrophy frequently produces a permanent nasal obstruction.

In adult life, in addition to the diseased condition of childhood, we have all possible deformities of the nasal septum, and polypoid degeneration of the mucous membrane of the nose, as causes of obstruction.

We have various neurotic conditions of the nose, which cause the mucous membrane to react so violently under the slightest irritation, such as a change of temperature, that its almost constant swollen condition produces a hypertrophy as a further cause of nasal obstruction.

We also have that strikingly peculiar so-called neurotic condition known as "hay-fever," which produces complete closure of the nose during the attack. In these patients, there is a peculiar susceptibility to poisoning by "rag weed," which blooms all along the Atlantic coast from Florida to the St. Lawrence River between the 1st and 14th days of August. I am told by my most intelligent patients, that this weed produces their attack of hay fever during its blooming period; that they can decide by examining the vegetation of a vicinity whether they will be able to avoid an attack of hay fever in that locality or not. They also tell me that at certain altitudes they are entirely free from hay fever. I think that most hay fever patients have the attack between the 1st and 14th of August. These troubles at this time, are certainly due to rag weed. Those patients who have hay fever severely commencing during June or July, are evidently poisoned by other forms

of vegetation. I have not observed such cases in my own practice.

In adult life there are three prominent factors which enter into the etiology of nasal obstruction. The first and most common factor is an abnormal relation between the bony walls of the nostrils, which so encroach on their caliber that there is not room for the normal swelling of the mucous membrane incidental to sudden changes of temperature.

All individuals in the same latitude are exposed to about the same changes in temperature. In some persons these changes always produce most annoying symptoms, which with each successive cold in the head are of longer duration, until at last the trouble becomes chronic. In other individuals, there is plenty of room for the normal swelling of the mucous membrane incidental to sudden changes in the temperature, without its producing decided nasal obstruction or more than temporary annoyances.

Individuals of the first class are constantly catching cold in their heads, while individuals of the second class are rarely troubled in this way.

The normal relations between the bony walls of the nostrils are disturbed by all deformities in the nasal septum, either bony or cartilaginous. The abnormal development of position of the turbinated bone, occasionally produces the trouble where there is not any deformity of the septum.

These bony deformities are the most common cause of nasal obstruction in adult life. They are frequently of sufficient magnitude to produce direct obstruction in the nose, but they most frequently produce obstruction indirectly by the unequal atmospheric pressures they cause the mucous membrane to be subjected to, during respiration. It is exactly in this special field, where the greatest success should be obtained, that the greatest failures have been made in treating nasal catarrh resulting from nasal obstructions.

These difficulties being mainly mechanical promise much better results from treatment, than difficulties which are largely due to constitutional diseases.

The second factor in producing nasal obstruction in adult life, is the nature of the mucous membrane which covers a bony or cartilaginous deformity in the nostrils. Cachexy and neurotic disturbances, produce conditions in the mucous membrane which cause it to swell excessively as the result of the slightest irritation. This explains why two individuals with the same bony deformity, suffer, under like circumstances, in such widely differing degrees.

The third factor in producing nasal obstruction is the climate in which the individual resides. In the tropics, but little room is necessary to accommodate the swelling of the mucous membrane, which in our latitude is necessarily so great, because of the sudden falls of the temperature. Consequently, individuals suffering intensely from nasal catarrh in our climate—which trouble has been the result of a bony deformity obstructing the nostril—will immediately improve upon change of residence to a milder climate.

Another form of nasal obstruction which very frequently escapes observation, is enchondrosis of the septum very low down. With a nasal speculum introduced and distended, the difficulty is not readily detected unless it is carefully searched for, because it becomes displaced by the speculum. The slight fall of the alæ of the nose with each inspiratory act, brings them in close contact with the thickened septum, making a valve-like obstruction which closes the nose to a greater or less extent with each inspiration.

Nasal obstruction from polypoid degeneration of the mucous membrane, is usually complete and very annoying. Relief is easily obtained by removing the polypoid growth which obstructs respiration. When the growths are very extensive, it will be found very difficult to prevent their frequent return.

Having considered the various forms of nasal obstruction, and how it brings about catarrhal diseases by producing in the air tract unequal atmospheric pressures with each inspiratory act, we will consider the effects of nasal obstruction on diseases of the eyelid, the ear, the brain, the throat and the lungs. We will also consider its special effect on the throat and lungs of tubercular patients.

I am thoroughly aware that the majority of my readers, may regard my attempt to show the relations between diseases of the eyelid, the ear, the brain, the throat, the lungs, the fatal termination in tubercular patients and nasal obstruction as groundless. I, however, state what I honestly believe my clinical experience has taught me, and having read the suggestions, I only ask my readers to accept such parts of these views as their clinical experience will confirm.

Effect of Nasal Obstruction on the Eyelid.—Ophthalmologists as a class acknowledge that one of the most frequent causes of chronic conjunctival disease is nasal catarrh.

It communicates, through the lachrymal passages, most annoying catarrhal disease to the conjunctival sac. The following four cases have been selected as samples of the evidence which has convinced me of the relations between nasal catarrh and conjunctival disease.

Case I.—Mr. L. came to me in 1880. He had been treated for some months by prominent specialists for trachoma. They had tried sulphate of copper and also nitrate of silver. The eyes had been growing steadily worse during the treatment. I tried the same treatment for two weeks, and must confess the eye-lids, which were one mass of granulations, grew steadily worse. The patient told me he had a badly obstructed nose and every time he caught an additional cold in his head, his eyes were decidedly worse. Acting upon this suggestion, without the slightest expectation of success, I thoroughly cleared his nose of all obstructions. In three weeks his granular eye-lids did not annoy him; and I heard within a month that he never has had any return of the trouble.

Case II.—Miss C., a case referred to me by Dr. Fields of this City, had been treated by skilled specialists every second day for about four years by the usual means of copper and silver. The opacity of the cornea continued to grow worse. She told the same story about the nose being obstructed and the eyes much worse every time she caught cold in her head. At the time I first saw her, she could not count fingers at a greater distance than four feet. The opacity of the cornea rapidly disappeared, and after four weeks she refused to come to the office any more because she considered herself well.

Cases III and *IV*—were two children treated for three months with sulphate of copper. I found they were not benefitted, and removed the nasal obstructions which existed in both children. They improved more in ten days than during the previous three months' treatment. The change for the better was so marked, that it attracted the attention of every one who came in contact with the children.

Effect of Nasal Obstruction on the Ear.—The ear is probably affected in two ways. The first is by direct extension of the inflammation to the middle ear. The second and more probable way is that the swollen condition of the mucous membrane of the pharynx causes the opening of the Eustachian tube to become obstructed in such a manner that the swollen end of the tube acts like a check valve. When we swallow, the air from the middle ear is partially exhausted, and the swollen mouth of the tube is so closed that a partial vacuum is constantly maintained within the middle ear. It is easy to understand what will happen in the blood vessels of the membrane lining this cavity if they are under a continuous partial vacuum. They will become chronically congested, the lining membrane of the tympanic cavity will hypertrophy or thicken, and we very soon have an incurable catarrhal disease in the middle ear. This condition has a tendency to keep up an annoying and unmusical buzz in the ear.

The fact that a large number of persons affected with catarrhal disease of the middle ear can hear distinctly when in a noisy railway carriage, or during the existence of any similar noise, is interesting and astonishing to the persons afflicted as well as to their friends. This phenomenon is especially prominent in proportion as the inflammatory disease has stiffened the joints of the little chain of bones which transmits the vibrations of the drum to the inner ear, which contains the nerve terminations necessary for appreciating sounds. When the stiffened joints of these little bones are set in vibration by a rumbling sound, any additional sound waves emanating from the human voice are easily appreciated. The moment the louder noise ceases, the sound waves from the voice are not of sufficient force to move these stiffened joints. With these individuals the stopping of a train interrupts entirely an animated conversation which was in progress while the train was running. This peculiarity is present in the most hopeless of incurable ear diseases.

I do not pretend by treating the nose to cure an ear which has been destroyed by catarrhal disease; but I do propose to arrest this horrible disease by proper treatment of the nose, if the treatment is undertaken before the ear is ruined. The slightest uneasiness or buzz in the ear should seriously attract immediate attention. You have only to look at the text books on otology and to observe cuts of Eustachian catheters made to inflate an ear, the Eustachian tube of which must be reached from the nostril of the opposite side, owing to a bony obstruction on the affected side, and no other testimony is required in support of the statement that cases of incipient catarrhal congestion of the middle ear have not received proper treatment. Treatment for catarrhal disease of the middle ear is usually commenced too late to be success-

ful; when it is commenced in time the recognized treatment is of such a nature as greatly to annoy the sufferer without giving him any chance of permanent benefit. The examination of the nasal cavities of school children is of more importance in averting future ear disease than the examination of the eyes is in averting future eye diseases.

Persons without nasal obstruction, having ventilation through the nasal passages sufficiently free to prevent the rarefaction of air during respiration, never develop catarrhal disease of the middle ear. The disease of the middle ear which comes on with the early secondary manifestations of syphilis must not, however, be confounded with catarrhal diseases of the middle ear by those who wish to criticize the above sweeping statement. The confusion which exists between these two forms of ear disease is very general among specialists.

Effect of Nasal Obstruction on the Throat and Lungs.—The throat and lungs become affected when the nose is obstructed, in three ways, viz.: by direct extension of the inflammation to these parts; by the rarefaction of the air within the parts during each respiratory act; and by the irritating influence of breathing directly into the air passages atmosphere which is cold, and laden with particles of foreign matter. When respiration is carried on through the nose this atmosphere is warmed, and the particles of foreign matter are removed by adhering to the moist mucous surface of the nose, which is especially adapted to receive such foreign bodies without injurious effects.

Persons frequently have a distressing cough for years, from continual irritation of the throat, caused by mouth breathing. Such a cough is greatly improved or entirely disappears upon the restoration of perfect nasal respiration.

Special Effects of Nasal Obstruction on Consumptive Individuals.—A consumptive person has a very irritable condition of the mucous membranes of the nose, throat and lungs, which for this reason are much more susceptible to the injurious effects of mouth breathing than the same organs of those who are not consumptive. The nasal obstruction in such cases should be relieved with the greatest possible rapidity.

Forced feeding, with intelligent use of pepsine, should be resorted to for the purpose of increasing the weight of the individual. The results should be carefully watched and if the weight increases steadily though very slowly, the prospects are encouraging. The individual need not be hastened away for climatic influences under these circumstances, for having changed one from a mouth breather to a nose breather, you have most materially changed the climate he lives in. Tubercle being a neoplastic or new cell growth without blood vessels, the general sloughing or breaking down of which is a result of its loss of nutrition, our object should be to avoid these consequences which lead so rapidly to a fatal termination. This can only be done by increasing the general nutrition of the body by forced feeding, and this cannot always be carried on without artificial assistance to digestion by pepsine. The increase or loss of weight decides quite accurately whether our efforts are meeting with success or not. Should the weight continue to decrease the individual should not be detained for the medical treatment of his nasal or throat trouble, but should be urged at once to avail himself of the only possible chance of averting the fatal tendencies of his disease by a speedy removal to a more favorable climate. The restoring of nasal respiration as a means of treating throat and lung diseases in consumptive persons will be successful in proportion as it is resorted to very early.

Effect of Nasal Obstruction on the Voice.—Singers, both professional and amateur, lose their voice as the result of nasal obstruction. Many have the most serious difficulty in attaining a given note. "E" being the note with which the difficulty is most frequently experienced. I have seen such a difficulty, which had annoyed a professional singer for twenty years, disappear one week after the removal from the nostrils of a bony obstruction which had disturbed the normal relations existing between those parts of the sound waves which are emitted through the mouth and nose. Any singer may observe the pure mechanical effects upon the resonance of a head tone by closing both nostrils when producing the tone. Those having the obstruction in the nostril suffer from more than its immediate mechanical effects—they also suffer from the chronic congestion of the mucous surfaces lining the entire respiratory tract. This congestion is directly due to the nasal obstruction, and as a secondary cause, most seriously damages the quality of any musical tone produced by the vocal organs.

Headache produced by Nasal Obstruction.—Persons having chronic congestion of the mucous membrane of the entire pharyngeal and nasal cavities complain of "full feelings" in the head. They are drowsy and find it difficult to remain awake at public

meetings or amusements. They suffer from mental depression and some with each cold in the head have intense frontal headaches due to obstruction of the frontal sinus.

The fact that the above described symptoms, existing in this class of individuals, are frequently relieved by restoring perfect ventilation through the nose is convincing of the relations existing between the nasal obstruction and the cerebral symptoms complained of.

Having considered how nasal obstruction produces such a variety of annoying diseases, we will consider the treatment of nasal obstruction.

Treatment of Nasal Obstruction.—The nature of the obstruction which is to be overcome must be thoroughly investigated before the means for its treatment can be chosen. Inspection frequently shows the anterior end of an obstruction which is so complete that we cannot see anything beyond it. The trouble may be due to chronic congestion of the mucous membrane alone. This can be decided only by using cocaine thoroughly, which will, in a few minutes, cause the temporary disappearance of the hyperæmia. We then have an opportunity to examine for further causes of obstruction, such as deformities of the nasal septum, or the turbinated bones, adenoid growths from the vault of the pharynx and true hypertrophies.

A carefully manipulated probe is of great additional assistance in determining the length, extent, and best manner of removing the bony deformity in the nose.

In obstructions due to simple congestion of the mucous membrane constitutional treatment with iron and quinine is sufficient to relieve the trouble.

It has been tried for years to reduce the thickening which occurs in the diseases of the mucous membrane of the nose by the use of all kinds of astringent sprays. The word failure is a mild expression for the negative results gained by this method of treatment. The only spray which should be used in the nose is an alkaline spray which is non-irritating deodorizing and antiseptic. I find a spray of the following description very valuable in cleaning the nostrils and neutralizing the irritating and decomposing nasal secretions both before and after operations. It is also valuable in the treatment of acute inflammation of the nasal mucous membrane.

This solution has been recommended by Carl Seiler of Philadelphia. It contains the following ingredients and is superior to any other alkaline spray I have used:

Sodii bicarb.	ʒ viij
Sodii bibor.	ʒ viij
Sodii benzoat,	
Sodii salicylat,	āā gr. xx
Eucalyptol,	
Thymol,	āā gr. xx
Menthol,	gr. v
Ol. gaultheriæ,	gtt. vj
Glycerini,	ʒ viiiss
Alcoholis,	ʒ ij
Aquæ,	q. s. ad Oxvi

This formula gives a solution which is sufficiently alkaline to dissolve the thickened secretion adhering to the nasal mucous membrane, and as it is of the proper density, it is bland and unirritating, leaving a pleasant feeling in the nose. At the same time it is antiseptic and acts as a deodorizer, being in this respect far superior to Dobell's solution or any other non-irritating deodorizer and antiseptic. As it is, however, inconvenient for many patients to have so large a quantity of solution on hand, a Philadelphia drug-house (Wm. R. Warner & Co.) has made the solid ingredients into a compressed tablet, so that one, when dissolved in two ounces of water, will make a solution identical in its effects with the solution made after the above formula.

When there is no bony deformity in the nostril and the obstruction is due to a chronic thickening of the mucous membrane, good results may be obtained by making use of the contracting tendencies of a scar produced by the removal of a portion of the mucous membrane covering the turbinated bone, or by the application of caustics or galvano-cautery at the point where the contracting effects of the scar is desired.

I, however, discovered as early as 1880, that in the majority of cases the true cause of the difficulty was not a thickening of the mucous membrane alone, but a bony deformity which left too narrow an opening between the bony walls of the nostrils. In such cases the septum by its deflections or exostoses usually so encroaches on the caliber of the nostril as to make it impossible by the destruction of the soft tissues with cautery or caustics to obtain satisfactory nasal respiration, because the room gained by the destruction of soft tissue is lost as soon as collateral circulation is fully established.

Occasionally an enlargement or malposition of a turbinated bone, is also the cause of serious nasal obstruction.

My first attempts to remedy these bony

deformities were made nine years ago and they were the first thoroughly satisfactory ones ever made.

The instrument used was a No. 10 jeweller's saw, clamped in a sheet of metal to give the saw the requisite stiffness. One and one-half inches of the saw were left free to cut. The metal sheath was firmly clasped in a pin vice, which was driven into an ebony file handle. Seventy-five cents furnished the instrument complete, with a dozen blades. Although cocaine was not then in use, I obtained some most satisfactory results with this instrument in treating bony obstructions in the anterior parts of the nostril, owing to exostoses or deflections of the septum. I regard this instrument with such classic reverence that I give a cut of it in its original simplicity.

I was not long in discovering bony obstructions in the nostril, which were rather heavy for this little saw, some of them protruding at least one-fourth of an inch into the nostril and having a length of one inch. These difficulties led to the construction of a heavier and longer nasal saw, manufactured by Tiemann & Co., and kown as Bucklin's reversible nasal saw. It has two blades which are reversible in the handle.

Fig. 1.

Figure 2 represents this saw as it is in use at present. With it I can remove from the nose any bony obstruction which is detrimental to perfect nasal respiration.

I am satisfied that from native timidity in a field where there was no precedent to follow I have erred in the past by failing to avail myself of all the room possible to

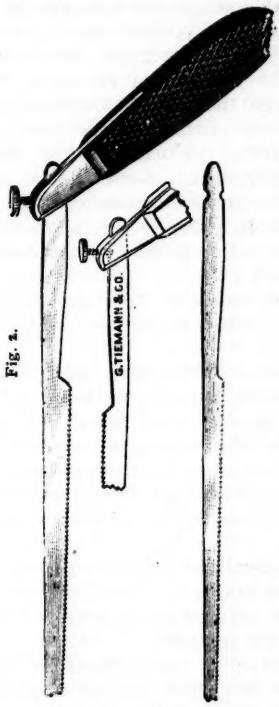

Fig. 2.

obtain a thorough removal of the deformity of the septum. I have tried to make good what I failed to do on the septum by the use of the cautery on the turbinated bones.

Exceptional cases are encountered where the displacement of the septum is so great that the difficulty cannot be relieved by its removal. In these cases the complete removal of one turbinated bone, although in its normal position, will usually give satisfactory breathing room. The rapidity with which the saw does this work is illustrated by the fact that the entire lower turbinated bone can be removed in less than one minute.

The complaints of intelligent patients plainly teach me that the mere opening of a hole through the nose gives little or no relief. The necessary requirement is a hole of sufficient size to admit sufficient air to prevent its rarefaction during the inspiratory act, and if the removal of the turbinated bone is necessary to secure this, it must be removed.

Dr. Bosworth of New York City has constructed a saw since I invented mine, but as far

as I know he did so without any previous knowledge of my instrument. He has done much to demonstrate that satisfactory results can be obtained by this method, and to expose the erroneous conception of that class of specialists who introduce an electric cautery into every nose they treat.

For the removal of excessive hypertrophies from the posterior extremity of the inferior turbinated bones and adenoid growth from the vault of the pharynx I can usually obtain better results with the steel wire snare introduced through the nose, the loop being carefully adjusted by means of a rhinoscopic mirror held in the other hand.

Special cases of this description may require the use of various forceps or the curette.

Conclusion.—The restoration of the normal relations between the bony walls of the nostrils by removing bony deformities is one of the most successful means of treating catarrhal diseases of the eye-lids, the ear, the throat, the lungs, and frontal headaches caused by catarrhal disease in the nasal passages.

The operations necessary to restore these normal relations are free from pain or danger when cocaine and carefully disinfected instruments are used.

The relief to the sufferer in nearly all instances has been simply magical. The changed nature of the mucous secreted by mucous membranes which have in old cases undergone extensive connective tissue changes, cannot always be remedied, consequently abnormal expectoration does not entirely disappear, in all cases.

206 West Forty-second Street.

REPORT OF A CASE OF SPINAL HEMORRHAGE.[1]

BY FREDERICK A. PACKARD, M.D.,

PHILADELPHIA.

The following case is of interest as one of hemorrhage into and possible partial rupture of the spinal cord in its upper portion, the patient having recovered in spite of the great extent of the consequent paralysis.

The patient applied for treatment at the Medical Dispensary of the Episcopal Hospital in March, 1889, giving the following history:

F. R., white, thirty-eight years old; was born in New Jersey; lives in Philadelphia; spar-maker by occupation. He has been married for fifteen years, and has had three healthy children. His family history is purely negative, except for the fact that one sister died in childhood from "some brain trouble." He has always been a very strong, healthy man, having had no previous illness, except malarial fever, of which he had attacks at various times until three or four years ago. He has been a *very* moderate drinker. Has had no venereal trouble of any kind.

He felt in his usual condition of health, and did a full day's work at his trade on September 22, 1888. In the evening he drank some old ale, not enough actually to intoxicate, but enough to make him a little uncertain in his gait. He went up stairs at 11 P.M., and when near the top of the first flight of fourteen steps lost his balance and fell to the landing on the first floor. He is positive that he fell from lack of balancing power and vertigo, and *not* from loss of power. The back of his head and neck struck the washboard at the foot of the staircase, while his back was bent over the edge of the lowest step. He endeavored to move, but found that he had no power in the extremities or trunk. He thinks also that common sensibility was lost from below the shoulders. His breathing, he remembers, was rapid, and there was a sensation as of a heavy weight pressing upon the chest. When found he was able to talk, see, and hear perfectly well, but was unable to use any muscles below the shoulder-girdle. There was no loss of consciousness, nor had he any convulsive movements. He felt as though the hands and feet were cold, and his impression is that they were soon found actually to be so by his family.

A physician was summoned and administered a powder that produced sleep. On the day after his fall he was undressed and put to bed. Hot irons were applied to his feet, and he was catheterized. He lay in bed perfectly powerless, except for head and neck, for two weeks, at the end of which time he became able to move his right shoulder. At about this time (*i.e.*, at the end of two weeks) there was noticed a linear series of blisters on the soles running from the ball of the foot to the heel. Nothing could be elicited to throw any light upon the question as to whether the blisters were traumatic, due to accidental contact with the hot irons, or trophic, although the former origin is much the more likely.

[1] Read at the meeting of the Philadelphia County Medical Society, April 24, 1889.

Soon after regaining some power in the right shoulder he became able to accomplish coarse movements with the arms. At the end of three weeks he regained some power over the right leg. The left leg remained powerless for two months. At the end of six weeks he was able to grasp an apple or other large object. At that time he tried to get out of bed with assistance, but was merely able to sit on the side of the bed, and that for not more than five minutes, owing to a feeling of being crushed from above. At this time (six weeks after his fall) he also first regained sensation, beginning in the thumb and index finger of the right hand and gradually extending to other parts.

During this time he had but little, if any, fever until the fifth week of his illness, when he had a pronounced chill followed by fever, and in four days another chill. After his second chill his "temperature reached 106°" on one occasion, at which time he was for a while delirious. He had no bedsores at any time (careful attention having been directed to the condition of his skin). His bowels were extremely constipated, and catheterization was necessary for two months. He ate well. Sleep was broken by a feeling of intense soreness across the back. He had no very severe pain, but felt as though a tight belt were being drawn about the chest and abdomen. He first noticed twitching of the muscles and extremities about three or four weeks after his fall.

Shortly after turning his sixth week he was propped up in a chair, after which time he gradually became able to walk with a great amount of assistance. He could not trust himself alone until two months ago (four months after his injury). At that time he thinks that he had regained as much sensibility as he now possesses.

His condition at the time of presenting himself at the Dispensary was as follows: General health seems good; he eats and sleeps well; the bowels are constipated, being unmoved for a week at a time unless aided; his urinary apparatus is apparently in good working order; he has no symptoms referable to the heart; he gets short of breath easily and, in addition to a sensation of weight upon the thorax, has a pronounced "girdle-pain;" he has not, nor has he had any vomiting or hiccough; his hearing is excellent, but his vision seems to him to be impaired; he has almost constant pain in the back of his neck, at times shooting over the occiput in straight lines on either side; his greatest complaint is of weakness in arms and legs, most marked on left side, and of coarse tremor occurring in all but a few positions that he assumes; he is able to walk about one block with the aid of a cane, but having accomplished that distance his right knee gets stiff and he is unable to lift the toe from the ground; he has both sexual desire and power.

Examination of the patient revealed the following conditions: Intelligent man, well nourished; speech natural; face and neck appeared entirely normal except for slight myosis. Examination of the pupils showed that they were equally contracted when shaded, but reacted feebly to light. There was no accommodative change in the size of the pupil. Heart and lungs normal. The urinary examination was negative, except for a slight excess of mucus, as revealed by the microscope. He stands with the knees in slight over-extension, the feet apart and the body inclined forward from the hips. On walking with the aid of a cane there is seen to be a marked spastic gait with some flinging of the feet in addition. On throwing the weight of the body from the hinder to the advanced foot there is seen to be a marked clonus in each, more marked in the advanced foot, and while produced in the forward foot by the weight of the body upon the ball of the dragged toes, it is, a little later, produced in the hinder foot by the effort of pushing the body forward by the ball. On closing the eyes there is marked oscillation, but apparently in great part from weakness, as the same symptom, to a very slightly less extent, occurs with the eyes open when he is deprived of his cane.

The spine is straight and regular. At the fourth and eighth dorsal spines are points tender on percussion. The muscles of the back are markedly wasted. Breathing is entirely abdominal at rest. Forced inspiration is accomplished practically entirely by means of the diaphragm and the muscles of the neck, including the platysma myoides. The intercostal spaces are plainly marked and not obliterated by the respiratory acts. On the occurrence of a deep inspiration there is marked bulging in the left lumbar and iliac regions as compared to the right, showing probably more powerful diaphragmatic contraction on the right side, or possibly more powerful action of the right parietal abdominal muscles. The grasp is weakened, especially and markedly on the left side. The nails show no transverse markings.

The sterno-cleido-mastoid, platysma, tra-

pezius, and levator anguli scapulæ of both sides are well preserved, as are also the supra- and infra-spinati. The serratus and latissimus dorsi are on each side wasted and feeble. Both arms appear wasted, the right slightly, the left markedly. On the right side the deltoid is of a size disproportionately large as compared with the arm; on the left side it is more equally wasted. Both arms can be abducted, the left with but small force. The right biceps is small but firm, the left is much wasted and flabby. The triceps on each side shows the same relative conditions. On each side the upper (clavicular) portions of the pectoralis major are in good condition, whereas the lower (sternal) portions are only seen on exertion and even then only with moderate distinctness.

Supination is very feeble in the left arm; in the right arm it is more forcible. The fingers are kept in a position more marked than semi-flexion, as is more markedly seen on the left side. Power of extension of the right wrist and fingers is feeble; on the left side extension beyond a right angle is impossible. The intrinsic muscles of the hands are wasted; on the left there is almost complete absence of thenar and hypothenar eminences.

Both thighs and legs on each side are wasted, the left much more than the right. The left thigh and leg, when the patient is seated, cannot be elevated even by great effort on his part. The right can be only slightly raised from the chair seat. There is very marked "clasp-knife" rigidity of the knees. There is no marked alteration in tactile sensibility. Of the superficial reflexes none could be elicited except the abdominal and cremasteric, and these were but poorly marked.

All of the "muscle phenomena" were marked, there being present: Knee-jerk in great excess, ankle clonus, paradoxical muscular contraction of the flexors of the ankle, great toe reflex, wrist and triceps reflexes. The phenomena excited by forcible flexion of the great toe existed only to the extent of contraction of the inner hamstring muscles.

In regard to the action of electricity, there was found to be diminution in Faradic excitability to a slight but noticeable extent, while to the constant current the excitability was much diminished.

Time did not permit of a detailed examination of all of even the principal muscles for qualitative changes. Those tested were the deltoids, biceps, quadriceps femoris, and the muscles of the calf. In all the formula presented was uniformly: 1. KClC; 2. KOC; 3. AnClC; 4. AnOC. The strength of current required to obtain KOC was five cells of a Fleming galvanic battery, more than were required to develop KClC; that for AnClC one or two cells more than were necessary to develop KOC, while many cells had to be added to obtain AnOC.

Examination of the eyes, kindly made by Dr. Randall, showed no abnormality except for hypermetropia, the fields of vision showing no change.

Taking the history and conditions present in this case, there would seem to have been hemorrhage into and around the cord with probably also partial rupture. That the lesion was hemorrhage or in the nature of partial rupture is made certain by the sudden onset in a previously healthy man of paralysis of motion and loss of sensation. That it was high up, in the cervical segment, is shown not only by the history of complete motor and sensory paralysis below the shoulder-girdle, but also by the signs presented at the present time.

The conditions no doubt have been a hemorrhage into and around the cord at about the sixth cervical segment, with probably partial rupture of the cord on the left side of the median line. This primary effect was followed by shrinking of the clot and restoration to some extent of the abolished functions. Secondary myelitis probably then occurred with, later, the descending degeneration of the lateral columns giving the greatly increased myotatic irritability below the parts supplied by nerves from the injured area. A secondary meningitis also probably occurred about the site of the lesion giving rise to the pain in the nape, and possibly also to the "girdle-pain" of which he now complains. There are present no signs to indicate any posterior ascending degeneration, but the lesion is so high up in the cord that they would be difficult of recognition.

Concerning the reactions obtained with the galvanic current, I do not know what significance the formula 1. KClC; 2. KOC; 3. AnClC; 4. AnOC may possess. It is rather hard to see how it can indicate degeneration from polar-cell disease, since it is so widely distributed beyond the site of the lesion as to preclude the idea of direct damage to the multipolar cells in the dorsal and lumbar regions.

—The Governor of Pennsylvania has signed the bill prohibiting the sale of cigarettes to children.

CASE OF CHYLURIA, WITH EXHIBITION OF PATIENT AND SPECIMENS.[1]

BY SOLOMON SOLIS-COHEN, M.D.,

PROFESSOR OF CLINICAL MEDICINE AND APPLIED THERAPEUTICS IN THE PHILADELPHIA POLYCLINIC AND COLLEGE FOR GRADUATES IN MEDICINE.

This patient and these specimens are exhibited at this time to give members an opportunity to see what is a rarity in this climate, and to make a record of the case. I trust to be able to present a more elaborate study of the condition at some future meeting.

The first specimen of urine exhibited was passed four days ago, and shows the characteristics of chylous urine to a marked degree. It looks like so much milk. The second specimen, passed two days ago, is not so marked; and the third specimen, passed this morning, is perfectly clear.

The patient is a colored boy, sixteen years of age, who was brought to Philadelphia from the island of St. Thomas nine years ago. I can obtain from his grandmother, who is an intelligent woman, no history of disease prior to four years ago, at this season of the year, when she noticed for the first time that he passed white urine. He was given a prescription by a physician, and in two weeks the urine resumed its normal appearance. There was no further trouble until about April 8, of the present year, when he again began to pass this milky urine. A week ago he applied at the medical department of the Philadelphia Polyclinic. After obtaining the history narrated, and having the patient urinate in my presence, a prescription was given which, to the mind of the patient, has exhibited startling virtues. It consisted of six drops, thrice daily, of aqua mentha piperita. The urine has become perfectly clear, as shown in this morning's specimen.

I have failed to discover in the urine either embryos or ova of the filaria sanguinis hominis. It has been kindly examined at my request by Professor Angelo Heilprin and Professor Joseph Leidy; but neither has found evidence of this parasite. I have also failed to discover it in the blood, either by day or night. The blood has also been examined (on one occasion, two nights ago, in this hall) by Dr. Griffith and Dr. Tyson, with the same negative result.

Now as to what we do find. The urine is acid in reaction and has a specific gravity of 1,010. On agitation with ether this milky appearance gives place to a slight cloudiness; showing it to be largely due to fat. On chemical examination of the urine, after the removal of the fatty matter, a notable quantity of albumin is found, but no sugar. A promised accurate chemical analysis has been prevented by the activity of our therapeutics—or the perversity of the disease. Under the microscope the milkiness, as stated in the report of Dr. Leidy, "appears to be due to an exceedingly fine and scarcely perceptible molecular basis, as well as to the presence of lymph corpuscles."

On three occasions I have found fragments of finely granular tube casts, and twice a few red blood-corpuscles. After solution in ether, the presence of oil globules is very plainly shown. Bacteria of various kinds were numerous in all specimens examined, even the one freshly passed. No unusual form was recognized as such. The long, slender rod described by Sir William Roberts was invariably present.

When first noticed, the urine all day long presented more or less the chylous appearance. That passed before me, at about twelve o'clock, noon, a week ago, was of about the color that would be produced by mixing two specimens, one clear, one chylous. Later, the milkiness was present only in the morning urine, and now it is not present, even in the morning. The clear specimen of urine shows neither oil, corpuscles, albumin, nor sugar.

The boy, although not fatty or fleshy, and probably much under weight, is not wasted. He is active, extremely intelligent, and possesses much physical endurance. Heart and breath sounds are normal. No disturbance in any other function has been observed and no lesion of any kind has been detected. Liver and spleen give normal percussion; there is no œdema or swelling anywhere. No enlarged glands, except a few shot-like enlargements back of the sterno-mastoid muscle, can be discovered. The chyluria has evidently run the same course as before, spontaneously intermitting; and I have thus been prevented from making extended observations as to the effect of diet, exercise, etc. The case seems to be non-parasitic, but I am not prepared to explain its origin with present data. I shall try to keep the patient under observation.

[1] Read at the meeting of the Philadelphia County Medical Society, April 24, 1889.

MUMPS IN AN AGED PERSON.

BY CHARLES W. MUSGROVE, M.D.,
AUSTINVILLE, PA.

April 20, 1889, I was summoned to see Mrs. Wolf, 84 years old, and found her afflicted with catarrhal fever. The catarrhal inflammation did not extend beyond the bronchial tubes, and by the tenth day the patient was convalescing very nicely. However, this day my attention was directed to a pain complained of by the patient during deglutition, occurring in the region of the angle of the jaw. On examination, I found the lower part of the left parotid gland slightly swollen, and tender to the touch, and the next day the entire gland was inflamed, and the right one slightly so, and tender to the touch. I now concluded that my patient simply had the mumps, regardless of her extreme old age. There were no symptoms except such as might be expected in this disease, and by the fifth day the inflammation appeared to be subsiding, and the patient doing extremely well.

On the morning of the sixth day I was sent for in a hurry, the messenger informing me that the patient was supposed to be much worse. On my arrival I found her with the following symptoms: Stupor, stertorous respiration, and jactitation. She could swallow liquids, when aroused from the stupor; but in spite of our efforts to save her life she died at 4 o'clock the next morning.

Deeming this a case of mumps with metastasis to the brain, occurring in an extremely aged person, I thought it might prove interesting to the readers of the REPORTER.

—The *Chemist and Druggist*, April 20, 1889, says that Dr. Lamal, of Anvers, has arrived at the conclusion that watery solutions of salts of morphine become turbid, colored, and of an acid reaction when kept for some time. This turbidity is due to two causes—the formation of mycelia, and the deposition of crystals. The coloration and the acidity have also in part a common cause, the formation of acid morphetine; more or less oxymorphine is also generated, which sets free a part of the acid in combination with the morphine. Oxymorphine has no therapeutic properties, so that these old solutions do decrease in narcotic strength. It would have been important for Dr. Lamal to have told us how much.

SOCIETY REPORTS.

INDIANA STATE MEDICAL SOCIETY.

FORTIETH ANNUAL MEETING, AT INDIANAPOLIS, MAY 1 AND 2, 1889.

President's Address.

The President's Address was delivered by DR. W. H. WISHARD, of Indianapolis, and was an interesting review of the practice of medicine during the past fifty years. He asked the question, have we as medical men kept abreast of the times? His answer was a masterly effort to prove that we had. The primitive Indiana doctors, he said, had not advantages of medical education. The Transylvania University, at Lexington, Kentucky, opened a medical department in 1817, which soon grew to be the second medical school of the United States. In 1819 the Medical College of Ohio, at Cincinnati, and in 1837 the Medical department of the University of Louisville were formed. Only twenty to twenty-five of the physicians of Indiana had taken one course of lectures in medicine in 1825. Ephraim McDowell was not a graduate in medicine, but after he had practised thirty years the University of Maryland gave him the honorary degree of doctor of medicine. The *Medical Repository*, of Philadelphia, was the only medical journal in the United States at the beginning of the early part of this century. Dr. Lunsford P. Yandell, of Louisville, first instituted the treatment of fevers more in accordance with modern ideas.

Dr. Wishard well remembers when quinine first came into use. He was given a prescription consisting of thirty grains of quinine, ten drops of diluted sulphuric acid and six ounces of water: dose, teaspoonful to be taken three times a day, with great care. He has known an old thumb lancet to descend as an heirloom in families for several generations, and it had drawn more blood than some regiments in the civil war. An old theory of mighty weight was, that if you drew blood from the right arm when pain was in the left the pain would be drawn across the heart and the patient would be killed. Obstetric business was of necessity in the hands of women in the early days. Physicians were scarce, women were robust, hardy nature required but little assistance. Early settlers were almost exempt from tuberculosis, diphtheria and cerebro-spinal meningitis; in winter, pleurisy and pneu-

monia raged. Four-fifths of the cases were treated by the old women until hopeless, then the doctor was called. The doctor was looked upon with suspicion in obstetric cases, and was not summoned until there was dire necessity; then the news spread like wildfire and the neighborhood turned out as to a wedding or a funeral. The good dame of fifty years ago would show with pride her ten or twelve sons and daughters. To-day we are shown one son or daughter and a poodle dog, sometimes only the poodle dog, as the hope of the family.

The doctor then made some scathing remarks on criminal abortion, and after some statements relative to the fortieth anniversary of the Indiana State Medical Society,—which was organized June 6, 1849, with twenty-eight physicians, of whom only five are now living—his interesting address was closed amidst applause.

The report of the Secretary showed a gain of six county societies and seventy members over last year. No doctor can be a member of the State Society unless he belongs to the County Association, and being a member of the latter makes him a member of the State Society. The whole number of members is twelve hundred. The Treasurer's report exhibited a prosperous condition of the financial affairs of the Society.

Dr. Kate Corey, a graduate of Michigan University and Superintendent of the Methodist Hospital at Foochow, China, was introduced to the society, and made a brief speech. The motion to make her an honorary member was passed without a dissenting voice.

The following officers were elected: *President*, Dr. J. D. Gatch, Lawrenceburg; *Vice-President*, Dr. S. Y. Yonte, Lafayette; *Secretary*, Dr. E. S. Elder, Indianapolis; *Assistant Secretary*, Dr. T. C. Kennedy, Shelbyville; *Treasurer*, Dr. F. C. Ferguson, Indianapolis.

Dr. G. W. Vernon, of Indianapolis, read a paper on

Broncho-Pneumonia in Children.

He thought the use of natural gas had become an important factor in this and other catarrhal diseases. In treating measles, whooping cough, etc., he said we should bear in mind the possibility of this disease: it may commence in the tubes and extend into the alveoli, or it may begin in the interstitial tissue.

Dr. Johnson, of Indianapolis, thought there were more recoveries from acute lobar pneumonia than from broncho-pneumonia. He considers catarrhal diseases essentially belonging to childhood.

Dr. G. W. Smythe, of Greencastle, read a paper on

The Hydro-Therapeutic Treatment of Typhoid Fever,

which was followed by a paper on

Atypical Typhoid Fever,

by Dr. H. McCullough, of Fort Wayne.

Dr. M. F. Porter thought there were more cases of the atypical than of typical typhoid fever. He opposed the routine treatment by cold baths.

Dr. Mendenhall said: there are 300,000 cases of typhoid fever in the United States each year, and 30,000 of these prove fatal. We should be interested in the disease.

The discussion on the subject grew quite strong, and the conclusion reached was that the whole question is simply one of diagnosis.

Dr. W. N. Wishard, of Indianapolis, discussed

Urethral Stricture in the Male.

Otis's operation is the only method by which he feels confident of success, as he is still dissatisfied with electrolysis.

Dr. A. C. Porter, of Lebanon, read a paper on

Nervous Sick Headache.

He said little was written and little known about this disease, though it is so frequent. He thinks a large majority of cases is due to a deficient supply of blood in the brain or some part of it. When due to stomach trouble, bismuth and fluid extract of quassia are good.

Dr. R. F. Stone, of Indianapolis, read a paper on the

Nature and Etiology of Tuberculosis.

He opposed bacteriology and all the theories of Koch. He disbelieves in contagion, thinks the germ theory a fallacious one, and antiseptics useful only so far as they induce cleanliness. This paper produced considerable discussion among the disciples of Koch.

Dr. James F. Hibberd, of Richmond, read an interesting paper on

Myxœdema,

and gave a report of a case under his care, and went extensively into the literature of this recently described and rare disease.

He pronounces it a distinct disease, with well-marked symptoms, not amenable to treatment, and says that, though persons may live for years, they never recover normal health.

DR. G. W. KEMPER, of Muncie, Ind., read a paper on

Antiseptics in Normal Labor,

and said that his experience in 900 cases of labor had taught him that antiseptics are uncalled for in cases in which the patient is surrounded by healthy environments, and he regards the complicated details of antiseptic midwifery in such cases as tiresome, expensive, and unnecessary.

TENNESSEE STATE MEDICAL SOCIETY.

ANNUAL SESSION, AT NASHVILLE, APRIL 30, MAY 1 AND 2, 1889.

The President, DR. T. J. HAPPEL, of Trenton, in the Chair.

The Treasurer's report showed a balance of $169.68 in the treasury. A report was made showing that after forty years of solicitation the legislature of Tennessee had at last passed a law regulating the practice of medicine. Though far from perfect, it was a great gain and should receive the hearty support of all. The Society recommended the following for appointment as a Board of Medical Examiners: Drs. C. Deadrick, Nashville; J. B. Murfree, Murfreesboro; D. D. Saunders, Memphis. A resolution requesting the legislature to pass the bill now pending requiring the registration of births and marriages was carried.

The following officers were elected: *President*, Dr. Duncan Eve, Nashville; *Vice-Presidents*, Drs. Henry Berlin, Chattanooga, J. B. Neil, Marshall, and J. P. C. Walker, Dyersburg; *Secretary*, Dr. E. D. Nelson, Chattanooga; *Treasurer*, Richard Cheatham, Nashville. The next meeting will be held at Memphis, the second Tuesday in April, 1890.

—Hypnotism, says the *Boston Journal*, has become very conspicuous in Europe of late. It has been used in the place of chloroform in some surgical operations at Paris, and when, in a recent murder case there, it was charged that the murderer had hypnotized the victim and forced her to kill herself, public opinion accepted the possibility of the fact in a way quite remarkable.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

NINETY-FIRST ANNUAL SESSION, AT BALTIMORE, MD., APRIL 23–25, 1889.

DR. JOHN MORRIS, President, in the chair.

On Tuesday, April 23, after greeting the members, the President made his address on

The Physiology and Pathogenesis of Crime.

To prevent a man from becoming a criminal, he said, we must begin with him as a child. Every one cries out against immorality, but no steps are taken to create morality, to make morality a public sentiment; to make it a subject of national pride. Yet these are the prominent, the prevailing influences in Japan. There, crimes of violence and outrage are scarcely known.

Where the law of heredity is recognized, it is the duty of the medical man to forewarn parents and to suggest the proper education and surroundings, to render innocuous this taint of blood. The law of heredity obtains even more in moral than in physical traits. The family doctor has disappeared, but he must be brought back to occupy a higher and a wider field. We are born with unalterable tendencies which are not always evil. The Jew and the gypsy are examples of unalterable types. Ordinarily the physician treats the body alone irrespective of the mental organization. He is but half a physician. The body yields to the mind, the mind to the body rarely. The weakness or total absence of certain powers of mind is rarely noticed in children, and yet this observation is of the highest importance in shaping their future lives. The physician should be consulted in regard to the education of a family of children, and to do this he must have been trained by a long course of mental observation.

Marriage should be regulated by law. Paupers and criminals should be prevented from marrying. It is as harmful to bring insane children into the world as it is to drive them insane by bad usage. The habitual criminal, man or woman, should be deprived of the power to procreate.

On Wednesday, April 24, the Annual Oration was delivered by PROF. WILLIAM OSLER, the Physician recently elected professor of theory and practice of medicine in Johns Hopkins University,

On the License to Practise.

He spoke principally of the need of state boards of examiners to decide on the fitness of medical graduates to practise. In this country, he said, a man can follow the vocation he pleases, subject only to such restrictions as may be necessary for the public welfare. The right to regulate the practice of medicine rests with the state. At present this power is variously exercised in different states. In many no regulations whatever exist. In a majority of states, however, there are restrictions which demand evidence on the part of the practitioner that he has studied for a longer or a shorter period at an incorporated school. Practically the rule prevails that, with a diploma from a chartered school, he can begin at once, without any hindrance other than that relating to registration. The educational duties of the state do not here extend beyond the system of common and normal schools, though in a few higher university works are also undertaken. Special education does not receive support from the public revenues. Schools of law, medicine, engineering, theology, all the special branches of study, are private enterprises chartered by the state, and maintained by fees from pupils, or by the munificence of private friends. Certain privileges are granted to these institutions by the state, the most important of which, in the medical school, is the recognition of the diploma as a qualification for practice. So unsatisfactory, however, has this system proved, that there is, on the part of the public and the profession, a growing sense of the necessity for a radical change, as shown by the number of states in which bills have either been already passed or have been before the legislatures dealing with the problem, and if we wish legislation for the protection of the public, we have got to get it together, not singly. I know that this is gall and wormwood to many, but it is a question which has to be met fairly and squarely. When we think of the nine or ten subjects we have in common, we may surely, in the interest of the public, bury animosities and agree to differ on the question of therapeutics. In connection with license to practise there are, it seems to me, three courses open:

"First. A continuance in the plan at present prevailing, which makes the college the judge of the fitness of the candidate, and state supervision is only so far exercised that the diplomas are registered if from legally incorporated schools.

"Second. The appointment by the state or by parties so deputized of a board of examiners which shall, irrespective of diplomas, examine all candidates for the license.

"Third. The organization of the entire profession in each state into an electorate, which shall send representatives to a central parliament, having full control of all questions relating to medical education, examination and registration. These various plans are at present in operation in different parts of the continent. Colleges have practically had a monopoly for years, as the diploma has carried with it the privileges of registration. To all intents and purposes, the medical schools of the country are private organizations, and have direct pecuniary interests in the size of the classes. These chartered corporations are wholly irresponsible, without supervision by the state, the profession or the public. It would not be difficult, without fear of just rebuke, to bring a railing accusation against them for persistently acting in their own interest, and not in the interest of the public, but the time has passed for this. Yet it is surprising to think that so many men, distinguished in every way in their profession, cultured and liberal, still cling to and even advocate the advantages of an irresponsibility which has made the American system of medical education a by-word among the nations."

In the Section on Surgery, DR. RANDOLPH WINSLOW, Chairman, called attention to the subject of

Surgery of the Central Nervous System,

dwelling first on the importance of understanding thoroughly the general and topical anatomy of the brain, and then referring to the important results obtained by experiments on animals, by clinical observations, post-mortem examinations and by electrical stimulation of the exposed human brain during the performance of surgical operations. The cortex and base are most accessible and amenable to surgical procedure. Tumors of the brain are of more frequent occurrence than general practitioners think. W. Hale White and Victor Horsley have done the best work here. Cranio-cerebral topography is a new and very important study and has been mainly used in the surgical treatment of epilepsy, brain abscesses, etc. The study of surgery of the spinal cord is of more recent date. Few cases have been reported.

In the same section, DR. OSCAR J. COSKERY reported a case of

Trephining for Cerebral Abscess,

with the result of removing the pus and giving motion to a paralyzed arm and leg, but the patient eventually died.

Dr. John G. Jay then reported a case of

Exsection of the Entire Ulna with Resection of the Humerus and Radius,

in a woman 49 years old. Complete anchylosis did not occur and the elbow remained movable to the extent of several inches, and the thumb and two fingers could be used. The operation was fully justified by the excellent results.

In the Section on Practice of Medicine, Dr. William B. Canfield, Chairman, spoke of

The Relation of Dusty Occupations to Pulmonary Phthisis.

He began by saying that the pulmonary diseases caused by the different kinds of dust had received a variety of names according to the character of the dust inhaled, but collectively they were all covered by the name pneumonkoniosis. Ever since Koch's discovery of the tubercle bacillus, and the gradually improved classification of lung diseases, there seemed to be doubt whether these dust diseases were tuberculous or not. The particles inhaled by miners in badly ventilated mines gradually overcame the action of the ciliated epithelium and penetrated to the alveoli of the lung, whence they found their way into the subepithelial layer where, unless rendered harmless or devoured by the greedy phagocytes, they set up a fibroid condition of the lung. Most writers agree that the fibroid condition is a barrier to the growth and multiplication of the bacillus.

Pneumonia, he said, results from something more than "catching cold." Sailors lead an exposed life and rarely have it. A large number of investigators have been looking for the specific organism. Salamon did some excellent work; Friedländer's pneumococcus was accepted for a time, but the investigations of Fränkel and Weichselbaum have shown Friedländer's organism to be only an accidental accompaniment of pneumonia. Good work has also been done by Gamaleia, Sternberg, Lipari and others. He referred to the theory of phagocytosis in connection with this subject and related his own experience in the bacteriological study of the organism.

Dr. W. S. Forwood of Darlington, Md., said that what was called "flint disease" by the workmen was very common and fatal in the quarries of Harford County. It begins insidiously with cough but not like consumption. It is generally fatal and ends like consumption. In answer to Drs. R. Winslow and A. K. Bond, he said that at the end of one year the lungs were permanently affected.

Dr. J. T. Wrightson, of Newark, N. J., said that lung trouble was very common and fatal among the hat makers of his city, but it was attributed more to drinking than to the dust.

On Thursday, April 25, in the section on Obstetrics and Gynecology, Dr. T. A. Ashby, the Chairman, spoke of the growing tendency to abandon empirical methods in gynecological work and the position of exploratory laparotomy. He then discussed the various diseases for which electricity had been used and then showed how much had been accomplished by it in a short time.

Dr. L. E. Neale then exhibited A New Obstetrical Forceps, which was a modification of Howard's modification of Tarnier's. He called it "Neale's Forceps." He claims superiority on the ground that it is all hard metal and can be made thoroughly aseptic, has Simpson's lock; the blades are narrowing, preventing rupture of the perineum.

In the section on Materia Medica and Chemistry Dr. T. Barton Brune, Chairman, read a paper on

Sugar Testing with Special Reference to "Alkaptonuria,"

in which he reviewed the various substances giving a sugar reaction, and spoke of the danger of trusting too much to one test alone.

In the same section Dr. W. B. Platt took up the subject of

Surgical Therapeutics,

in which he considered the curative, non-mechanical agencies employed in surgical cases, whether after accident, operation, or for surgical diseases. These he classified as Anæsthetics, Antisyphilitics and Antiseptics. In the first class he discussed protoxide of nitrogen, chloride of methyl, and cocaine.

Under antisyphilitics were mentioned mercury by inunction, hypodermic injections, and gray oil. The antiseptics were carbolic acid, creolin and iodoform.

Dr. Whitfield Winsey read a paper on

Hypnotics and Antipyretics.

In the former class he reviewed what is now

known of sulphonal, of which he spoke very highly.

Dr. H. Salzer read a very exhaustive paper on

Lavage,

and gave the indication for its use in adults and children, and his experience with it.

In the section on Anatomy, Physiology and Pathology, Dr. William H. Welch, Chairman, read an elaborate paper on Hydrophobia, in which he supported the opinions of Pasteur in regard to its nature and cited with approbation the statistics which Pasteur's supporters bring forward to show its efficiency.

Dr. F. T. Miles then read a paper describing a Case of Dilatation of the Stomach dependent upon Contraction of the Pylorus, in which tetany of a typical character occurred, and was speedily followed by death. He could find nothing in the vomited matter to account for it.

Dr. George I. Preston reported a case of Tumor of the Cerebellum pressing on the middle lobe.

Dr. I. W. Chambers submitted a paper on Cystic Tumor of the Lower Jaw, which was read by title.

Dr. J. D. Blake, in referring to Dr. Welch's paper, asked how the poison could be transmitted by the nerves alone. If injection into the blood does not kill, but makes the animal proof against future attacks, why not inject the substance directly into the blood of man to prevent hydrophobia?

Dr. W. C. Van Bibber said if the temperature stated would kill the organism of rabies, this should give a valuable idea in the treatment.

Dr. W. H. Welch remarked in conclusion that many facts about rabies were known which could not be explained. It was not understood how the virus was transmitted along the nerves, but the fact remains, and still further this did not seem to disturb the function of the nerve. It might extend along the lymph vessels of the nerves; we know little of the composition of the lymph. He did not mean to be understood as saying that the virus did not extend through the blood, lymphatics, etc., but that we have no evidence of this. In reply to Dr. Van Bibber, he said that the method of cauterization is a good one, but it does not prevent rabies. The virus must penetrate into the nerve to be transmitted by it and the chance of piercing a nerve in the skin by puncture is very small.

On Saturday, April 27, in the section on Psychology and Medical Jurisprudence, Dr. Richard Gundry, Chairman, read a paper on The Relation of the Physician to the Insane, and spoke particularly of the frequency of monomania and of the difficulties of recognizing true insanity by the unskilled, for a person may be entirely sane on many subjects and insane only on a few. A person totally insane has no recollection of a deed committed, while a person partly insane may remember the past partly.

PERISCOPE.

Simultaneous Amputation of Both Arms: Recovery.

At the meeting of the Philadelphia County Medical Society, April 10, 1889, Dr. W. W. Keen read the notes of the following case, which he puts upon record as a contribution to the statistics of multiple amputations.

Paul K., fifteen years old, was run over by a street car, at 5 o'clock P.M., on November 13, 1887. He was admitted to St. Mary's Hospital two hours later. The right hand, forearm, and elbow, as well as the left hand and lower part of the forearm, were crushed; both clavicles, also, were fractured. The boy had lost a great deal of blood before his admission, and was in profound shock when admitted; so grave was his condition that it was doubtful if he would live through the night. Dr. J. B. Roberts saw him late in the evening, and ordered whiskey and digitalis. At 10.45 o'clock P.M. his temperature was 97°; his pulse 120.

The next morning the temperature was 102.5°; pulse 142. At 1 o'clock P.M. his condition was very grave, but, as he had rallied from the shock, Dr. Keen decided to give him the only chance of his life, by amputating both arms. The right arm was amputated below the insertion of the deltoid; the left forearm at its middle. The moment that the first amputation was done, during the dressing of that arm by his assistants, Dr. Keen proceeded with the second, so as to lose as little time as possible. The patient bore the ether badly, and his pulse at times was almost imperceptible. Almost no blood was lost during the operations, the Esmarch bandage being applied above, but not including, the crushed parts. Of course, the most careful antisepsis was carried out. There was no need for hot bottles, etc., as his temperature was well

maintained. From the time of the operations his recovery was a perfectly steady one. For the first three days the morning and evening temperatures were about 100° and 102° respectively. From that time on the temperature fluctuated between 99° and 100°, reaching the normal by the tenth day.

On the third day after the operation the anterior flap on the left forearm began to slough; by the end of a week a piece two inches transversely by half an inch in the axis of the limb was completely separated. The gaping wound now exposed the end of the radius covered with granulations springing from both the periosteum and the medulla. In order to promote adhesion of the flaps extension was applied to them by means of adhesive strips, on which traction was made by a rubber band. This band extended to the end of a straight splint applied to the forearm, counter-extension being maintained also by adhesive plaster which was tacked to the upper end of the splint. At the end of two weeks the lips of the wound were united, and the splint was taken off. The right stump healed kindly, all the sutures being removed by the twelfth day. The boy was up ten days after the operations, and was sent home six days later to come to the hospital as an outpatient until he was entirely well. He was finally discharged at the end of January. Two small circular sequestra separated from the ulna and the radius of the left stump, and were removed January 9 and 24. The recumbent posture was the only treatment used for the fractured clavicles. They united very well, and with but little deformity.

Furunculus of the Ear.

In an interesting work by Dr. Löwenberg, a well-known aurist, entitled "Therapeutical and Bacteriological Studies on Furunculus of the Ear," the author gives as the results of his investigations the following summary of his conclusions: 1. Furunculus is caused by a microbic infection proceeding from external media, the invasion taking place by the excretory ducts of the cutaneous follicles. 2. The successive appearance of furunculi in the same individual proceeds from auto-contagion, which is effected by the transportation of cocci to the level of the cutaneous surface. 3. The same process may propagate the affection from one person to another or to several persons; furunculus is therefore contagious. 4. The entrance of microbes into the blood produces internal complications (metastatic abscesses) in certain cases of carbuncle, and even of furunculi, and often terminates in death. The author affirms that the micro-organism most frequently present in this affection is the staphylococcus albus, which was absent in one case only. The staphylococcus aureus and citreus were found equally often. In only one case were all three forms of staphylococci present together, and they were found in a certain number of unopened furunculi. Taking his stand on these researches, Dr. Löwenberg completely rejects the emollient treatment of this affection, which has hitherto been the classical one. He proposed, as long ago as 1881, to replace this treatment by another method which is antiseptic or antibacteric, destined not only to abort the affection at its commencement but also to prevent its recurrence. This he effects by the use of saturated solutions of boric acid and alcohol, which he drops into the ear in cases of otorrhœa, and in cases of unbroken furunculi he employs a supersaturated solution of boric acid in alcohol, from which the author has never experienced any bad effects. Milder solutions, he says, are of little or no use in these cases.—*Lancet*, April 6, 1889.

The Prevention of Conception.

At the Third General Meeting of Russian Medical Men at St. Petersburg, Dr. Petr N. Seidler read an interesting paper on the truly burning subject of the prevention of conception. While condemning an indiscriminate employment of any preventive means, the author believes that the practitioner is fully justified in interfering with conception in the following three categories of cases: 1. In women suffering with a more or less advanced pulmonary phthisis. 2. In women with organic cardiac disease. 3. In women suffering from profound anæmia, or failure of the general systemic nutrition with a hereditary tendency to pulmonary tuberculosis.

During a discussion following Dr. Seidler's communication, Dr. Nil I. Voblyi suggested that prevention is indicated, further, in such women as have once or oftener passed through extra-uterine pregnancy.

—The Connecticut Legislature has passed a bill prohibiting the manufacture or sale of oleomargarine colored in imitation of butter, and also prohibiting the sale of imitation cheese.

THE
MEDICAL AND SURGICAL REPORTER.

ISSUED EVERY SATURDAY.

CHARLES W. DULLES, M.D.,
EDITOR AND PUBLISHER.

The Terms of Subscription to the publications of this office are as follows, payable in advance:

Med. and Surg. Reporter (weekly), a year, $5.00
Physician's Daily Pocket Record, - - 1.00
Reporter and Pocket Record, - - - - 6.00

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NEVER ROLL A MANUSCRIPT! Try to get an envelope or wrapper which will fit it.
When it is desired to call our attention to something in a newspaper, mark the passage boldly with a colored pencil, and write on the wrapper "Marked copy." Unless this is done, newspapers are not looked at.
The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

SECONDARY OCCLUSION OF THE BOWELS FOLLOWING LAPAROTOMY.

With the aid of antisepsis and the technique of modern surgery we are now enabled to cope with the two greatest dangers of abdominal surgery, viz., septic infection, what for a long time was known by the name of "shock," and secondary hemorrhage. Of late years laparotomy has become an almost common operation, and although there are but few surgeons who can boast of having done it one thousand times like Sir Spencer Wells and Lawson Tait, yet the records of many hospitals show that the operation is becoming a more frequent one.

But now another great enemy to the success of laparotomies is agitating the minds of surgeons, viz., secondary occlusion of the bowels, which is caused almost exclusively by adhesions to the peritoneum. Dr. Alfred Obalinski, in the *Berliner klinische Wochenschrift*, March 25, 1889, speaks of three cases of occlusion of the bowels out of eighty-six laparotomies performed by him. Two of the cases were operated upon and recovered, the third came too late for treatment, and died. The causes for such adhesions are, according to the statements of various surgeons, first, the presence of foreign bodies, such as catgut, silk ligatures and the like; second, the presence of irritating fluids, such as solution of bichloride of mercury or carbolic acid, and third, overlooked wounds or lacerations of the peritoneum.

Dr. Th. v. Dembowski states that, after experimenting largely upon animals, he has found that adhesions can be produced with certainty only through the presence of foreign bodies or as a result of cauterization; also that the presence of iodoform, blood-clots, irritative antiseptic solutions, or even wounds of the peritoneum, never give rise to any adhesions. The experiences of Obalinski agree with the conclusions of Dembowski. In the three cases mentioned above, the adhesions were not in the vicinity of the sutures or ligatures nor near any lacerations of the peritoneum. He explains their cause as follows: Those portions of the bowels which are exposed to the atmosphere during the operation gradually assume a reddish color and then become covered with a fibrinous deposit. The same parts are necessarily handled both by the operator and his assistant, and it was at these portions of the bowels that Obalinski invariably found the occlusions.

The adhesions are not caused by septic peritonitis; for if such were the case, death would invariably follow. Early diagnosis of such occlusions is of the greatest importance. The principal and most infallible symptom is the anti-peristaltic movement of the bowels above the obstruction. The

symptoms of occlusion should not be confounded with those of peritonitis; for, although fever may accompany it and there may be distension of the abdomen, yet the latter will always remain soft and will not be sensitive. That this mistake has been made, however, has been frequently proved by autopsies where the peritoneum has been found to be smooth and shining and the occlusion to be merely a mechanical one.

Secondary occlusions of the bowel are far more easy to diagnosticate than primary occlusion, for, as they occur after laparotomy, they are watched for by the surgeon, and they may be treated before delay has precluded the possibility of recovery. Sibileau (*Annales de Gynécologie*, February, 1889) and many other authorities are against the immediate use of the knife, as soon as the existence of occlusion has been proved, and they state that in many cases such symptoms as vomiting and stoppage of the bowels, distention of the abdomen, collicky pain and the presence of albumin in the urine, may be overcome by large doses of belladonna. Obalinski, on the contrary, considers such symptoms a direct indication for speedy operation.

The prognosis of such cases is not so gloomy as is generally supposed. Sir Spencer Wells tells of eleven deaths from occlusion out of one thousand laparotomies. The prophylaxis of occlusion after laparotomy has been much discussed in gynecological societies, both here and abroad, and many theories in regard to it have been advanced. Muller (*Archiv. für Gynäkologie*, vol. xxiv, p. 1) suggests the injection of a sterilized solution of salt and water (seven per cent.) into the peritoneal cavity, in order to prevent the irritated surfaces from coming in contact with each other. A similar use of olive oil has also been suggested. Dembowski, by a large number of experiments upon animals, has proved the untrustworthiness of both of the above proceedings. The salt and water solution is absorbed too quickly to be of any value, and the oil causes suppuration and peritonitis. The same experimenter also proved that the use of iodoform, bichloride and carbolic acid, could not cause any adhesions.

In conclusion, it seems that reducing the exposure and manipulation of the bowels and peritoneum to the lowest limit possible would greatly lessen the chances of adhesions; while the occurrence of secondary occlusion should not cause the surgeon to despair, as the condition is easily recognized and in many cases not difficult to overcome.

CAPILLARY PULSATION IN AORTIC REGURGITATION.

General practitioners and life-insurance examiners are sometimes puzzled to decide whether or not obscure first and second sounds of the heart, heard over the aortic area, are due to a lesion of the aortic valves. It is well known that the distinctness or volume of a heart murmur bears no relation to the gravity of the lesion of the valves causing it; and the importance of determining with precision the existence or non-existence of the lesion must therefore be as great as far as prognosis is concerned in the case of a very faint murmur as it is in the case of a very loud one.

In such instances as we refer to, in which the diagnosis is otherwise doubtful, assistance may sometimes be obtained from the detection of capillary pulsation, according to the method suggested by Mr. W. S. Lazarus-Barlow, in the *Practitioner*, March, 1889. Capillary pulsation, it will be recollected, is a manifestation in the capillaries of the intermittent action of the heart. It is too slight to be detected by the sense of touch, but its existence may be inferred when the capillaries can be observed to grow alternately redder and paler with each systole and diastole of the heart. Of course, to be seen at all it must be looked for in a tissue richly supplied with blood and with

but a thin covering over the capillaries. Mr. Barlow's studies have led him to regard the mucous membrane of the lower lip as the best point at which to study capillary pulsation for practical purposes.

In examining for capillary pulsation he everts the mucous membrane of the lower lip and presses against it a microscopic slide. What is then seen in a typical case is a central patch into which no blood comes, owing to the pressure of the slide; but at some varying distance from the centre is a narrow zone in which the color intermittently becomes deeper red and then paler over the whole patch, while the edge seems to be in continuous movement, now encroaching upon, now receding from the area of greater anemia which lies next it. It is important in manipulating the slide to heed the caution insisted upon by Mr. Barlow, namely, that trembling of the observer's hands, or powerful pulsation of his arteries may lead to error in diagnosis by producing a varying anemia of the area under inspection, due to unsteady pressure of the slide against the mucous membrane. To constitute capillary pulsation, therefore, the flushings observed must correspond with the frequency of the heart beats.

Now as to the application of this phenomenon to the detection of disease. Mr. Barlow believes that capillary pulsation practically never occurs in health. In thirty-nine out of forty-six cases in which it occurred, the patients had some greater or less degree of affection of the aortic semilunar valves, as estimated by the condition of the second sound. Eighty-three per cent., therefore, of the cases in which it was found presented aortic valvular affection. The practical outcome of Mr. Barlow's observations is that capillary pulsation seems to be diagnostic of aortic disease, or—to be more exact—of aortic regurgitation, since twenty-eight of the thirty-nine patients had double aortic murmurs.

Mr. Barlow's paper is an interesting and valuable contribution to the value of capillary pulsation in the diagnosis of heart disease. But it is only just to say that the question cannot yet be regarded as settled in the affirmative; for while Fagge cites capillary pulsation seen under the finger nail as one of the symptoms of aortic regurgitation, Balfour, one of the most careful and accurate students of heart disease, declares that it has neither pathological significance nor diagnostic value, but is a "physiological curiosity" only. It is remarkable that such decided differences of opinion, as these statements of Barlow and Balfour indicate, should be held regarding the significance of a phenomenon so accessible to observation as capillary pulsation. This much can be said, it undoubtedly exists, and just how helpful its presence is in the diagnosis of aortic disease the readers of the REPORTER are as competent to decide as any other persons. Moreover, as intimated in the first part of this editorial, to determine the matter is of great clinical importance; for if, as seems probable, capillary pulsation is of diagnostic value in aortic regurgitation, then it may be possible to recognize this grave valvular lesion at an earlier period than is possible at present by other physical signs, and as a consequence the person affected may be placed in the best circumstances for the prolongation of his life.

SULPHATE OF SPARTEINE.

Sparteine, the alkaloid of Cytisus Scoparius, or the common broom plant, is a colorless liquid alkaloid, of a penetrating odor and extremely bitter taste, and soluble in alcohol, in ether, and in chloroform. It has been very little used in this country but is in common use in France and Germany, if we may judge by the number of papers which have been written upon it. In the *Deutsches Archiv für klinische Medicin*, March 14, 1889, Dr. L. Anton Gluzinski, of the University of Cracow, has a communication on the physiological and clinical action of sparteine. He finds that it

exerts a pronounced influence upon the circulation. This influence is more marked in cold-blooded animals than in mammals, and in the former its effect is more marked when sparteine is applied directly to the heart muscle than when it is injected into a vein or under the skin. The principal symptom of its action, according to Gluzinski, is retardation of the heart's action, and in a less degree also rise in the blood pressure—results which appear to be brought about by the action of the drug on the pneumogastric nerves and on the muscles. In toxic doses the inhibitory center of the heart is paralyzed; and death results from asphyxia.

The rapidity with which the effects of sparteine manifest themselves leads Gluzinski to recommend its employment when threatening or very severe symptoms develop in non-compensated heart lesions, and when the slower effects induced by digitalis cannot be awaited. It is, therefore, in his opinion, an adjuvant to digitalis and to be prescribed simultaneously with it. Moreover, it may be prescribed when digitalis produces no effect, or when its administration is for any reason contra-indicated.

It will be seen from the foregoing that Gluzinski does not regard sparteine as a remedy with a very wide range of application. It is, apparently, a heart stimulant less rapid and fleeting in its action than the ammonia preparations, and more rapid than digitalis. It has, therefore, a distinct though limited field of usefulness. The sulphate of sparteine, the salt most used, is freely soluble in water, and the smallness of its dose—one-twentieth of a grain at the beginning—fits it especially for hypodermic medication.

We may remind our readers, in conclusion, that Gluzinski's opinion as to the value of sparteine in the therapeutics of heart disease is substantially that previously stated by Jacobi, in his paper on the treatment of diphtheria, which was published in the REPORTER June 30, 1888. Jacobi, however, uses it in much larger dose than that recommended in this editorial as the one proper to begin with. Since, therefore, experimental therapeutics and clinical experience seem to be in accord with regard to the utility of sparteine, it may be fairly assumed that they represent its actual value.

A REPORTER IN AN HOSPITAL FOR THE INSANE.

A good deal of interest has been aroused within a few days in Philadelphia, in consequence of an adventure of a newspaper reporter, who feigned insanity in order to investigate the workings of the Insane Department of the Philadelphia Hospital. This is not a new device, but it is a one which has opportunities of usefulness. In the present case the reporter learned by experience that it is possible to feign insanity so as to deceive for a time even those who have had much experience in diagnosticating the condition. This, however, is a fact which he could have learned with much less risk to his health and comfort by consulting any authority on the subject. He also learned the way in which hospital attendants sometimes treat the inmates when not restrained by the eye of the physicians: a thing he could hardly have learned without some such enterprise as he undertook. In doing this he has rendered a service to the authorities of the hospital in question, and a service also to his fellow men.

It seems as if there were no way in which occasional acts of cruelty to helpless insane persons can be prevented, and the greatest vigilance of humane physicians and superintendents is not sufficient to insure invariably kind treatment of these unfortunates. As this is the case, they may well be thankful to any person who is willing to become an inmate of an institution for the care of the insane in order to ascertain how keepers behave when they think there is no responsible person watching them.

Those who read the story of the reporter

of the *Philadelphia Inquirer* may well bear in mind that reporters who undertake enterprises of this sort do not usually spoil their descriptions by making them too tame, and there may be some exaggeration in the interesting account which this one gives of what he saw in the Philadelphia Hospital. But the story is published by a respectable and responsible paper, it is signed with the name of the reporter, and if it receives careful and wise attention, it may be turned to profit by the management of the institution.

STATE MEDICAL SOCIETY OF WISCONSIN.—A preliminary announcement of the meeting of the State Medical Society of Wisconsin has been issued. The next meeting of the Society will be held in Milwaukee, commencing Tuesday, June 4. All members of Committees especially, and all others who have voluntary papers to present, are requested to forward at once the titles and probable length of such papers, that they may be properly stated in the official announcement and programme of the meeting. As the President is absent from the State, all correspondence should be directed to the Secretary, Dr. J. T. Reeve, Appleton, Wis., who will also be glad to receive the names and addresses of any physicians deemed worthy of membership in the Society.

CHAIR OF SURGERY AT THE JEFFERSON MEDICAL COLLEGE.—The Trustees of the Jefferson Medical College have elected Dr. William W. Keen to the chair of Principles and Practice of Surgery and of Clinical Surgery, made vacant by the death of Dr. Samuel W. Gross. Dr. Keen was graduated from Brown University in 1859, and from the Jefferson Medical College in 1862. For two years he was a surgeon in the United States Army, and subsequently studied in Europe for two years. Later he taught, for nine years, pathological anatomy in the Jefferson College, and also conducted the Philadelphia School of Anatomy. Since 1884 he has held the chair of Surgery in the Woman's Medical College of Pennsylvania, and he also is Professor of Artistic Anatomy in the Pennsylvania Academy of the Fine Arts. Dr. Keen is well known as an accomplished anatomist, a skilful surgeon, an admirable teacher and a man of high personal character. Those who have had the pleasure of attending his lectures in the Philadelphia School of Anatomy will feel that the teaching force of the Jefferson College has received in him a very important addition.

PENNSYLVANIA STATE MEDICAL SOCIETY.—The Thirty-seventh annual session of the Pennsylvania State Medical Society will be held in Pittsburgh, June 4 to 7, instead of on May 21 to 23, as at first intended. It is to be hoped that there will be a full attendance of all the members.

PAMPHLET NOTICES.

[Any reader of the REPORTER who desires a copy of a pamphlet noticed in these columns will doubtless secure it by addressing the author with a request stating where the notice was seen and *enclosing a postage-stamp.*]

260. FIFTY-SIXTH ANNUAL REPORT OF THE MANAGERS OF THE PENNSYLVANIA INSTITUTION FOR THE INSTRUCTION OF THE BLIND, PHILADELPHIA. December, 1888. 33 pages.

261. THE CAUSES AND MODES OF DEATH FROM ECLAMPSIA, AND THEIR PREVENTION. By A. S. V. MANSFELDE, M.D., Quality Hill, Nebraska. From the *Proceedings of the Nebraska State Med. Society*, for 1888. 6 pages.

262. THE COMPARATIVE DANGER TO LIFE OF THE ALTERNATING AND CONTINUOUS CURRENTS. By HAROLD P. BROWN, Electrical Engineer, New York. 61 pages.

263. SUCCESS AND FAILURE OF ELECTROLYSIS IN URETHRAL STRICTURES, ESPECIALLY DR. KEYES' METHOD REVIEWED. By ROBERT NEWMAN, M.D., New York. From the *Philadelphia Medical Times*, December 15, 1888. 36 pages.

264. BIENNIAL MESSAGE OF RICHARD J. OGELSBY, Governor of Illinois. January 9, 1889. Springfield, Ill., 23 pages.

260. This Report of one of the best and most celebrated institutions for the blind in the world contains matter of interest in regard to its general management; but its most interesting feature for most readers will be the report of the Principal, Mr. Frank Battles. This gives an outline of the methods of instruction pursued in the Institution, and valuable suggestions in regard to the way in which the blind, as a class, should be regarded and treated. It can be warmly commended to the attention of all who

have an interest in any blind person or persons, and will abundantly reward any humanitarian for its careful perusal.

261. Dr. von Mansfelde gives his views in regard to the factors which most frequently contribute to bring about eclampsia, and the method best calculated to prevent its development or to cure it if it appears. For the former he recommends rational habits and dress, with examination for the occurrence of albuminuria and treatment of it—especially with a milk-diet; and for the latter morphia, chloroform, clysters, speedy delivery, and ergot. Bleeding he advises only in a limited number of cases.

262. The question as to the comparative danger to life of alternating and continuous electrical currents has been somewhat complicated of late by the arguments of persons interested in showing the comparative safety of one or the other method of lighting. After all, however, we believe that Mr. Brown demonstrates beyond reasonable doubt that alternating currents are far more dangerous than continuous currents of equal electric power. His pamphlet contains an imposing statement of facts and description of experiments, and leaves little room to doubt the justice of his conclusions.

263. Dr. Newman, in this paper, continues the defense of his method of treating strictures. It is principally occupied with a denial of the conclusions arrived at by Dr. Keyes from the results obtained in the case of one of his patients whom he turned over to Dr. Newman for treatment. The discussion is not altogether pleasant, and cannot counteract the impression that must be made by the fact that this method has so far failed to secure the approval of a single well-known specialist in genito-urinary diseases.

264. The part of Governor Ogelsby's report which is of most immediate interest for medical men refers to the working of the State Board of Health, which has done so much to elevate the standard of medical practice in that State, and to benefit the whole community. The praise accorded to this Board, and to its efficient Secretary, Dr. Rauch, is abundantly deserved, and other States might well study and follow the example they have set.

Literary Notes.

—The *Kansas Medical Journal* is the title of a new medical magazine, published monthly in Topeka, Kansas. The first (May) number contains 31 octavo pages of reading matter, and 9 pages of advertisements, including the cover. The subscription price is two dollars a year; single copies, twenty-five cents.

—The *Annals of Surgery* for May, 1889, has as its leading article a report by Dr. George R. Fowler, of Brooklyn, of a unique case of an air tumor of the neck caused by a hernia of the pleura in a case of pneumothorax. It is well illustrated by a lithographic plate and by a photo-engraving. The editorial articles take up the topics of Injuries of the Heart, The Treatment of Cerebral Abscess, Cancer of the Larynx, and the Treatment of Enlarged Prostate by Electrolysis. The Department of Index of Surgical Progress contains an unusually copious and exhaustive series of classified abstracts of articles from foreign and domestic sources, under about 40 different titles. The usual number of book reviews conclude the number. The *Annals* continues to maintain its position as a publication of high scientific merit.

Correspondence.

Euphorbia Pilulifera.

To the Editor.

Sir: So many physicians from all over the country have written to me desiring to know where Euphorbia Pilulifera may be obtained, owing to their attention having been directed to it by my article in the Reporter of March 16, 1889, that you will confer a great favor by publishing this note. It is prepared in the form of a Fluid Extract, by Parke, Davis & Co., of Detroit, Mich. They give the dose as ʒi, but I have used gtt. xxx in a wineglassful of water, three or four times daily, *pro re nata.*

Yours truly,

M. Graham Tull, M.D.

4807 Woodland Avenue,
Philadelphia,
May 9, 1889.

Notes and Comments.

Cæsarean Section.

On May 10, 1889, Dr. Howard A. Kelly, of Philadelphia, performed the Cæsarean section for the third time, delivering a well-developed male child. The obstruction to normal labor consisted in an osteo-sarcoma of the sacrum and coccyx which blocked up the superior strait of the pelvis and reduced the conjugate diameter to about one-third of an inch.

Treatment of Seminal Emissions.

Dr. J. K. Mitchell remarks in the *University Medical Magazine*, May, 1889, that the treatment of cases of nervousness from masturbation, or more properly nervousness *about* former masturbation, is commonly not satisfactory. He has, however, found one measure which has proved very useful in several cases under his care. He thinks it was originally suggested by Dr. John H. Brinton, some years since. It consists in the application of a blister over the sacrum. This measure he admits, is a somewhat severe one, but the patients are apt to have suffered many things of doctors, from advertising quacks up, and various treatments, mostly of a depressing or a merely palliative sort, with small results, and he finds that they offer little objection. What is more, the improvement is usually lasting. Of course, the use of the blister need not preclude

other and additional treatment, hygienic and medicinal.

The cases are, roughly speaking, divisible into two classes. In the first, the patient has emissions, usually during sleep, without an erection or with only an attempt at an erection; in the other the semen is only voided during erection or upon some irritation, mental or physical. In the former, the treatment should be tonic. Dr. Mitchell likes a mixture of dilute phosphoric acid and strychnia, as in the following formula:

℞ Strychniæ, ... gr. j
Acidi phosphorici dil., . . . f℥ij
M. Sig. 25 drops in water after each meal.

In the latter, bromides, or better, a mixture of hydrobromic acid and bromide of soda or of lithium, have done good service. The usual precautions of course must be taken that no old stricture be left to keep up an irritation, and hygienic directions given—a hard bed, not too heavy coverings, light suppers, little meat, a sponge bath in the mornings, the bowels kept free, and all causes of sexual excitement avoided.

Dr. Mitchell then gives the following brief notes of three cases:

"A. B., æt. twenty-four, dyer, self-abuse from the age of twelve until fifteen, very frequently. After about one year began to have emissions involuntarily during the night, three or four times weekly. For some years now they occur every second night. Despondent, suffers with headache, weak back, general nervousness and costiveness. Heart and lungs sound, nothing wrong with urine. Pulse weak and seventy-four to the minute. Always has an erection before emission. Ordered phosphoric acid mixture, and a blister, four by four inches, over sacrum. Returned in five weeks to say had had emissions not oftener than once a week since blister. This patient reported himself as continuing well after several months.

"C. D., æt. twenty. Butcher. Masturbated until nineteen from childhood. Suffers little except from bad sleep and frequent emissions, with erection, several times a week. Eats much meat. Ordered hydrobromic acid, minims xv, with bromide of soda, gr. x, at night and four by four blister.

"Reported in a week that he had had no emissions, and at the end of a month that he had had only two.

"E. F., æt. twenty-nine. Weaver. Masturbated from the age of fourteen until twenty-one, once or twice daily. Has had emissions three or more times a week for 'some years,' sometimes without, but more usually with erection. Has pain in the chest and is languid, and nervous. Heart and lungs perfect. No urethral trouble and general health fairly good.

"Ordered hydrobromic acid mixture, and after two weeks' trial, with very slight improvement, blistered the sacrum. The resulting improvement has been permanent, and he has now emissions very rarely."

Analysis of Butter.

It is reported from Washington, under date of May 4, that the Agricultural Department has been making an analysis of butter from cows fed on cotton seed meal, which produces unlooked for results. The analysis showed remarkable points:

1. A low percentage of volatile acids.
2. A phenomenally high melting point.
3. A strong persistence of the reducing agent.

The first point is of importance as showing that mixing cotton seed with the feed of cows in the South will tend to raise the melting point of butter, thus rendering it more suitable for consumption in hot climates.

According to Professor Wiley the results are of great importance from an analytical point of view, since they show that a butter derived from a cow fed on cotton seed meal might be condemned as adulterated, when judged by the amount of volatile solids present. Since cottonseed-meal is destined to be a cattle food of great importance, especially in the southern part of the United States, this is a fact of the greatest interest to analysts and to dealers.

Voice Lozenge.

Dr. Hinkle, according to the *Chemist and Druggist*, March 30, 1889, recommends the following formula as the best for a "voice lozenge" in the ordinary hoarseness of singers and speakers. A small piece should be allowed to dissolve in the mouth just before using the voice:

Cubebs	½ grain
Benzoic acid	⅓ "
Hydrochlorate of cocaine . . .	1/10 "
Powdered tragacanth	¼ "
Extract of liquorice	5 grains
Sugar	13 "
Eucalyptol	¼ minim
Oil of anise	1/10 "

Black currant paste, enough to make 20 grains.

Treatment of Hæmaturia.

Professor Ultzmann, according to the *Deutsche med. Wochenschrift*, Feb. 28, 1889, suggests the following formulæ for use in hæmaturia:

℞ Ext. Ergotæ . . . . . gr. xv
Sacchari albi . . . . . gr. xxx
M. Div. in pulv. No. vi.
Sig. One powder every 3 hours.

℞ Aluminis,
Sacchari albi . . . . . āā gr. xlv
M. Div. in pulv. No. vi.
Sig. One powder every hour.

℞ Ext. Ergotæ . . . . . gr. xlv
Ol. Theobrom. . . . . gr. clxxx
M. Ft. suppos. No. vi.
Sig. Four suppositories a day.

℞ Argenti nitrat. fus. . . . . gr. xv
Aquæ destill. . . . . f℥ xvi
M. Sig. To be put in equal or double the quantity of cold water and used for injection into the bladder.

In the same way the following is to be employed:

℞ Ferri sesquichloridi . . gr. xvii ss *vel* xv
Aquæ destill. . . . . f℥ vi
M.

The Potter Railroad Hospital.

A memorial hospital, for the benefit of railroad men, of the Chicago, Burlington and Quincy line chiefly, is proposed. About a year ago, a railway king, Mr. Thomas J. Potter, died and it was agreed to honor his memory by a fine statue. Later his friends abandoned this plan and substituted for it the foundation of a hospital, to be called the Potter Hospital. The estimated first cost of this construction is stated at $25,000; the city in Iowa which contributes most generously will be the one chosen for the site of the hospital.

Sodium Bromide to Counteract Quinine Idiosyncrasy.

Dr. Krastilevsky has met with the case of a young girl, nine years old, affected with intermittent fever, in whom even small doses of quinine always provoked an erythema accompanied with intense itching. He succeeded in stopping this idiosyncrasy by the use of the bromides. By giving the patient every two hours a teaspoonful to a dessert-spoonful of a solution of bromide of sodium, one part to forty, he could administer the quinine with impunity, that is to say, without provoking in the patient either an erythema or itching.—*Bulletin Médical*, April 7, 1889.

Specialists for Asylums for the Insane.

At the meeting of the Alumni of Niagara Medical College, Buffalo, an address was delivered by Dr. C. A. L. Reed, of Cincinnati, on the great number of unrelieved cases of insanity among women, in the asylums of this country, by reason of inability on the part of the attendants to diagnosticate and treat uterine diseases. Some States have recognized this as a fact, and have ordered the appointment of one or more women physicians upon each asylum staff; but this does not, in Dr. Reed's opinion, reach the root of the trouble, for the number of these appointments is not proportionate to the numbers of the cases. He advises the abandonment of the present system of superintendents and assistants and the substitution of a visiting staff of specialists, made up from every branch of practice.

Dr. W. S. Tremaine, U. S. A., is reported to have endorsed the propositions of Dr. Reed, and added his conviction that rapidly made specialists are not desirable. No physician, he said, should assume to practice a specialty until he had passed ten years as a general practitioner.

"Take Your Medicine."

Dr. C. R. Illingworth says in the *British Med. Journal*, Feb. 9, 1889: As is only too well known, children and infants frequently refuse to take medicines, however palatable they may have been made. A great deal of trouble may be saved, I find, by fixing the cheeks firmly with the finger and thumb of the left hand, whilst the spoon is inserted with the right. By this method, which I first observed practised by a young married lady recently, the first essential in the act of deglutition is provided for, namely, a fixed point for the pharyngeal muscles. Ordinarily this provision is effected by closing the mouth, and there cannot, I think, be any doubt that the prevention of the natural process by the presence of the spoon leads in great part to the struggle to avoid taking medicine. When the approximation of the lips is prevented by the firm forward pressure of the finger and thumb, medicine may be poured into the pharynx without fear of its being spat out, and the most refractory child will, as a rule, discreetly swallow it. The practice of nipping the nose should, I am sure, be strongly condemned because of the risk incurred of forcing the medicine along the Eustachian tube.

Phenacetin and Antipyrin.

Professor Masius of Liege has communicated to the Belgian Academy of Medicine the results of a somewhat extended trial of phenacetin, which he has been making in his wards during several months past. In fevers of all sorts a reduction of temperature could generally be obtained by suitable doses; usually a dose of from fifty to seventy-five centigrammes ($\frac{5}{6}$–$1\frac{1}{3}$ grains) was sufficient for this purpose; it was found that the same effect could not be produced by smaller quantities, even when given repeatedly. Two grammes (30 grs.) during the twenty-four hours sufficed to keep the temperature down. The patients said that they felt a great deal better as the temperature fell; the pulse, too, became slower and stronger, and appetite and sleep returned under the influence of the drug. M. Masius also employed phenacetin as an analgesic not only in rheumatic, but in various other cases, with considerable effect. He did not, however, find that in this respect it was equal to antipyrin. It has been claimed for phenacetin that it has several advantages over antipyrin, such as more rapid action and an absence of disagreeable secondary effects, but according to the experience of M. Masius, though it is true that the lowering of temperature is more rapid than with antipyrin, it is of much shorter duration, besides which there is a liability to the occurrence of rigors and cyanosis, and neither its antithermic nor its analgesic action is so well marked as that of antipyrin. It has certainly the advantages of not disordering the digestion and of being cheap.—*Lancet*, March 9, 1889.

Diseases of the Antrum of Highmore.

Dr. Moritz Schmidt (*Brit. Jour. of Dental Science*, March 1, 1889) diagnosticates empyema of the antrum by making a small puncture below the inferior turbinated body with a fine canula, rather thicker and less pointed than a hypodermic needle, and curved like a Eustachian catheter. A pledget, soaked with 20 per cent. cocaine, is first inserted. He has diagnosticated in this manner an empyema in sixteen cases, and once a collection of colloid fluid. In twelve cases the exploratory puncture was made with a negative result, but without causing any injury. If pus is found he recommends free drainage through an alveolus. A silver tube is to be kept in.—*London Med. Recorder*, April, 1889.

NEWS.

—The Hospital of the Johns Hopkins University, at Baltimore, was opened with appropriate ceremonies May 7.

—The *Western Medical Reporter*, April, 1889, says that the Illinois Legislature has cut off the financial supplies of the Illinois State Board of Health.

—The Legislature of Massachusetts has appropriated $55,000 for the purchase of land and the erection of buildings for an epileptic hospital at Baldwinsville.

—Dr. Edward H. Williams has given $10,000 for the establishment of a separate department for convalescents in the new building for the Western Temporary Home, in West Philadelphia.

—Dr. Harrison Allen will deliver the next Toner Lecture at the National Museum, in Washington, on the evening of May 29. His subject is "The Clinical Study of the Skull, especially undertaken in Connection with the Morbid Conditions of the Jaws and Nasal Chambers."

—The authorities of the University of Pennsylvania have submitted a proposition to the Academy of Natural Sciences to remove the Academy collections and library to new buildings to be erected on grounds adjacent to the University, with a view to the mutual advantage of both institutions. The matter has been referred to the Council of the Academy for consideration.

—The *British Med. Journal*, April 27, 1889, says the Italian Ministry of Agriculture has, in compliance with requests from each of the localities, granted subventions to the Veterinary Schools at Turin, Bologna and Pisa, to promote the practice of vaccination against charbon (splenic fever) in the province of Sassari, and at Foligno and Civitavecchia, where the disease is causing great loss of cattle.

—Dr. Elliott Coues, of Washington, and formerly Surgeon, U. S. A., it is announced, is about to go abroad as a representative of the Theosophical Society, of which he is President. He intends to visit France, Egypt and India, with his gospel of mysticism. While in New York City, April 24, before taking the steamer, he lectured on modern miracles and ancient ghosts, before an audience composed chiefly, as one of the papers states, of women whose hair was short, with a few men whose hair was long. Dr. Coues is well known as a naturalist and as a contributor to the Smithsonian Institute publications.

—The Michigan House of Representatives has passed by a majority of six votes a Liquor Tax bill, which requires retailers to pay $600 a year; distillers, $1000; brewers, $200; wholesale liquor dealers, $800; wholesale beer and wine dealers, $500, and prevents druggists selling liquor except upon written application, which must be recorded in a public book. Under no circumstances can druggists sell by the drink or mix liquors with soda water or any other beverage to be drunk on the premises. The law will not go into effect this year.

—The daily papers state that contracts were signed May 7 by which the State of New York purchased for the electrical execution of condemned criminals three Westinghouse alternating current electric light dynamos. The State prisons at Sing Sing, Auburn and Clinton are each to have one of these deadly machines, which will be driven by the engines already in place. The current will be applied to the unfortunates at the same pressure used by the system for electric lighting, and the State's experiments have shown that death will ensue in less than 30 seconds.

—The *British Med. Journal*, April 20, 1889, announces that the three-hundredth anniversary of the invention of the microscope will be celebrated by the Executive Committee of the International Exhibition of Geographical, Commercial, and Industrial Botany, at Antwerp, in 1890. A retrospective exhibition will be got together from all available quarters, illustrating the history of the microscope, as well as an exhibition of the modern instruments of existing makers. A variety of conferences relating to technical and scientific questions connected with the microscope will be arranged. Already great interest is being expressed in the proposed exhibition.

HUMOR.

NOTHING will trip the light fantastic toe with more ease than a loose brick in the sidewalk.—*Merchant Traveller.*

IT MUST HAVE MADE the former Dandy Mayor green with jealousy to see the present one put on Waugh-paint and turn out White.—*Philadelphia Ledger.*

MISS MINERVA.—"If it is a proper question, please tell me, Mr. Longlocks, if the magazines ever return any of your poems? I have such ill luck myself." "No; never." Grumps (inaudibly).—"He never sends stamps."—*To-day.*

ANXIOUS MOTHER.—"I wish, Susan, that when you give baby a bath you would be careful to ascertain whether the water is at the proper temperature." Susan.—"Oh, don't you worry about that, ma'am. I don't need no 'mometers. If the little one turns red the water is too hot; if it turns blue it's too cold, and that's all there is about it!"—*Boston Commonwealth.*

OBITUARY.

F. S. McMAHON, M.D.

Dr. F. S. McMahon, of Courtland, Alabama, died April 12, 1889. He had been in poor health for two years. Dr. McMahon was born in Courtland July 10, 1836, and was graduated from the University of Pennsylvania in 1857. He practised his profession successfully until the breaking out of the war, when he enlisted, was appointed Assistant Surgeon, 16th Alabama Volunteers, rose step by step until at the close of the war he was Brigade Surgeon.

Dr. McMahon was a courteous gentleman, true, brave to a fault, and faithful in his dealings with all men. He died beloved by all, and deeply loved and lamented by his professional brethren.

MORTIMER O'CONNOR, M.D.

A cablegram received in Harrisburg May 3, announced the death of Dr. Mortimer O'Connor, in Paris, of pneumonia. Dr. O'Connor was born about sixty years ago in Ireland, and studied medicine at Glasgow. Immediately after graduating he was appointed surgeon in an English regiment of the line, and went to India, where he served during the Sepoy mutiny. On his return to England he was made surgeon in the Cunard steamship service between Liverpool and New York. In 1864 he was married, in Paris, to Miss Susan B. Haldeman, of Harrisburg, whom he first met on the steamer, and since that year he has resided in Harrisburg. His wife and son, Haldeman Mortimer, survive him.

About ten months ago a cancer, similar to that which afflicted General Grant, developed in Dr. O'Connor's throat, and his general health became bad. In company with his wife and son he spent the past winter in Algeria, but the climate did not agree with him and he went to Nice, and subsequently to Paris, where he died. Dr. O'Connor was a gentleman of liberal mind and culture, with very many friends.